

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702341

FILED
Jan 08, 2008
Secretary of State

Entity Name: SOUTH FLORIDA MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:

1000 WEST MCNAB ROAD
SUITE 309
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1000 WEST MCNAB ROAD
SUITE 309
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-0936969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLATZ, DAN
CORPORATE CREATIONS INT'L. INC
941 FOURTH STREET
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: KENNEDY, TOM
Address: 1741 NW 33RD ST
City-St-Zip: POMPANO BEACH, FL 33064

Title: VCD () Delete
Name: PERROTTI, ROBERT
Address: 1551 SOUTH 30TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: P () Delete
Name: WOLFE, JUNE,
Address: 1000 W MCNAB ROAD, SUITE 309
City-St-Zip: POMPANO BEACH., FL 33069

Title: TD () Delete
Name: ISZLER, TIMOTHY
Address: 350 E LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE WOLFE

P

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date